

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/1980

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/							53					
4	/							54					
5	/							55					
6	/							56					
7	/							57					
8	/							58					
9	/							59					
10	/							60					
11	/							61					
12	/							62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
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32								82					
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35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2							TOTAL IND.					
TOTAL DEP.	70	←	←	←	←	←		TOTAL DEP.	←	←	←	←	←
TOTAL CLAIMS	72							TOTAL CLAIMS					